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SOME PRACTICAL OBSERVATIONS ON A CAUSE OF STERILITY.

BY E. M. HALE, M. D.

FOR many years I have been struck by the coincidence, in sterile women, of dysmenorrhœa and menorrhagia. I observed that the one rarely occurred without the other, and that the menstrual flow rarely *anticipated*. Now, it is well known that in menorrhagia from abrasion of the os or cervical canal, or mucous cervicitis, the menses *do* anticipate by a week or two.

In view of these facts, it occurred to me that in many sterile women the apparent dysmenorrhœal menorrhagia was really a miscarriage. I think it was the late Dr. A. K. Gardner who first suggested this explanation, at least I think I first saw it in his work on "STERILITY." His views so closely coincided with my own, that I have been careful to observe very closely every suspected case. I have examined microscopically the discharge in many cases, and have, in a large proportion, found indubitable evidence of the debris of a conception.

In plain terms, I believe that a large proportion of sterile women have a miscarriage every month, or every five weeks.

In the "*Virginia Medical Monthly*," 1875, appeared an excellent paper by Dr. Haggard, of Nashville, Tenn., in which he assumed the same grounds I have expounded. He points out how little is really known about very early miscarriages. He says that, "organic and nervous irritability are the most important factors in these abortions," and claims that, "abortions occur most frequently at the end of the first four weeks, not, as is generally taught, at the third month.

In such cases, as Dr. H. mentions, an examination with speculum will often reveal nothing which would appear to be sufficient cause for the "dysmenorrhœa and menorrhagia," as it is termed. Neither do we find any apparent lesion in the "irritable uterus." I am aware that the name "irritable uterus" is now considered obsolete, yet there is no better name to fully describe the condition which leads to these very early miscarriages.

Dr. Haggard's *treatment* of these cases consists of cold shower baths, friction of the skin, tonics and nervous sedatives, rest, and opium, the latter to be given in small doses; and by enema during the menstrual period, or period of threatened miscarriages. All of which would be well enough, had we no other resources. But, in the homœopathic materia medica we have many agents which, if properly selected, will prove of greater efficacy.

My own opinion is, that while we have very efficient remedies for this abnormal condition, namely, such medicines as *sepia*, *sabina*, *tenacetum*, *lilium*, *pulsatilla*, *cimicifuga*, *caulophyllum*, *helonias*, *aletris*, *gossipium*, *secale* and *ustilagus*, there are two medicines which are almost specific for such uterine irritability, I allude to *viburnum premifolium* and *viburnum opulum*. These remedies are worthy the name of *uterine sedatives*. I know of no other remedies which can compete with them in this respect, unless it be *iodoform*. Of the latter, however, I cannot speak favorably, except in dysmenorrhœa of a purely neuralgic or spasmodic nature, but of the former I can speak from large experience. Not only are they the most efficient remedies we possess in *dysmenorrhœa* of a neuralgic or spasmodic origin, but they are the medicines, *par excellence*, for all cases of habitual and threatened miscarriage, even when caused by uterine ulceration, or when

impending from over-exertion, or the taking of drugs.

But it is their use in cases of very early miscarriage, that I now wish to recommend them. If I am called upon to treat a woman for sterility, and find that she menstruates profusely and painfully, I immediately place her upon the use of one of the viburnums. If the severe neuralgic and spasmodic pains predominate over the menorrhagia, I prefer the *v. opulum*. If the flooding is profuse, and the pains not severe, I prescribe the *v. premifolium*. If, upon speculum examination, I find an abraded os, I do not hesitate to apply a weak solution of *chromic acid* once or twice. This suffices to cause a healthy action; or, if this does not seem admissible, I apply a tampon of cotton, soaked in *hamamelis* or *hydrastis*, diluted with *glycerine*.

If, in addition to the use of viburnum, the patient is kept quiet in body and mind, and her diet is attended to, her chances for escaping the loss of the ovum are increased. Very rarely have I been obliged to resort to enema of opium, although I have, in several instances, warded off an impending miscarriage by such a measure.

The dose of viburnum should be below the 2_x. In most cases I get the best results from the tincture in doses of five to ten drops, three or four times daily, during the inter-menstrual period, and every two or three hours when that period arrives. I do not mean to assert that the viburnum *always* prevents the loss of the ovum, but it has, in my hands, had such favorable action in many cases. It nearly always prevents (cures) the dysmenorrhœa, and lessens the flow, even in cases where ulceration is present.

Not only are the viburnums useful as preventives of *early* miscarriage, they are our best remedies in arresting threatened miscarriage at any period of gestation. We are not confined to any special dose. It may prove beneficial in some cases in the 1st dil.; in others the tincture in drachm doses is the curative dose. Unlike *caulophyllum* and *secale*, the viburnums are not primary uterine motor-excitants. On the contrary, they are direct sedatives to the motor and sensory nerve of that organ.

In conclusion, I must caution those who wish to test these remedies, that no tincture of viburnums (especially the *v. opulum*.) is trustworthy, unless it has a strong odor of valerianic acid, which it contains in a large amount. What part

this constituent plays, I know not; but, doubtless, it is important, as valerian has a decidedly beneficial influence on the nervous system.

* VIBURNUM OR BLACK HAW.

BY DR. JOHN J. ADDY.

THE habitat of the viburnum is variable in different localities. Whilst for the most part it is to be found upon the banks of streams and in the lowlands, in certain regions it grows alone upon the highest elevations.

In the year 1861 or '62, my attention was first called to this remedy by one outside the profession, who spoke highly of its powers as a uterine sedative. From that time to this I have used it very uniformly in my practice, and with most satisfactory results. I have used the viburnum alone, and at times in conjunction with opium. In some instances I have known it to succeed after opium had failed to arrest the uterine action. In one case I began the use of opium at 11 a. m., and by 3 p. m. had given seven grains of opium without controlling the uterine pains. I now had the black haw procured and made into strong decoction, of which a teacupful was administered. In one hour the pains ceased, and did not return. In a second case, the pains had been going on for twenty-four hours; the strong decoction was given in dose of two and a-half ounces, and the same repeated in thirty minutes. In three hours' time the pains ceased, and the patient went to full term. It has been common for me to recommend my patients thus threatened to keep the viburnum by them, and use the decoction as needed.

Viburnum seems to exercise a specific action upon the muscular structure of the uterus through the medium of the excito-motor system of nerves, just as ergot is supposed to do, but in the opposition direction. I esteem it to be a direct uterine sedative.

I have employed it also in the treatment of hysteria in many cases, and with favorable results. Its efficacy in this malady is likely due to its specific action upon the uterus. I use it always in strong decoction of infusion of the root, and in doses varying from two to six ounces. The dose is repeated every hour or two until the symptoms are relieved. The remedy is innocent of any unpleasant effects upon the system, and may be given *ad libitum*.—*Atlanta Med. and Surg. Journal*.

* This article is added at the request of Dr. Hale.—Eds.

* HERPES ZOSTER.

BY J. M. SCHLEY, M. D.

I DO not pretend to make an exhaustive study of this subject, but only wish to bring to your notice a branch of medicine too much neglected by homœopathic physicians generally. Herpes zoster (Gürtelausschlag) is an affection of the skin which every physician should be able to diagnose, and this for two reasons—to understand that he has only to treat *one* of the many forms of herpes, and to pacify the fears of his patient.

I wish particularly to draw your attention to the word *zoster*, and its derivation, by which means the disease may be made distinct and clear to your mind. The Greek verb meaning "*to gird*," is the word from which this term is derived, and points to the manner in which the eruption generally makes its appearance, following the course of certain nerves.

The most frequent form of herpes zoster is found upon the trunk.

The eruption is a vesicular one, forming itself into groups, following the course of the nerves of the skin, and seldom occurring but on one side of the body. Thus, should you have a case of *zoster pectoralis*, the eruption would extend to the sternum, and there stop. Cases of *zoster* on both sides of the body have been observed by Baerensprung, Hebra and Thomas.

I had a marked case of *zoster lumbo-inguinalis* on both sides of the body under observation during the past winter. The affection was very obstinate, and caused the little patient, a child of eighteen months, much inconvenience and pain; it was troubled at the same time with a slight attack of *eczema capitis*. The eruption persisted for three or four weeks, in spite of different modes of treatment, and on disappearing, one could observe a few scars, which however seemed to cause him no suffering. A feeling of pricking, stabbing, itching and burning, generally precedes the breaking out of the eruption, which feeling lasts twenty-four, forty-eight hours, or longer.

The pain is in proportion to the extent and the intensity of the disease.

As soon as the eruption comes out, the pain ceases, only perhaps to return with redoubled force when the scabs fall off, and we find beneath them deep scars.

* Read before the Hahnemann Academy of Medicine.

The vesicles are at first small, later they become larger, and frequently we find them confluent. The contents are at first transparent, then similar to the color of honey, and lastly yellowish, from the formation of pus; and sometimes darkish red, caused by the extravasation of a few blood-corpuscles. The vesicles are often encircled with a reddened inflamed periphery.

According to the locality in which the disease appears, we have a *zoster pectoralis*, *z. abdominalis*, *z. lumbo-inguinalis*, *z. lumbo-femoralis*, *z. sacro-ischiadicus*, *z. sacro-genitalis*, *z. brachialis*, *z. facialis*, *z. frontalis*, *z. collaris*, *z. capillitii* and *z. ophthalmicus*.

The nerves affected are those which supply the diseased parts.

I once had the opportunity of watching a very interesting case of *zoster ophthalmicus* in a woman, at Prof. Arlt's clinic, in Vienna. The branches of the trigeminus of the left side of the face were affected. She had suffered for two days excruciating pain, principally in her eye, and said the pain seemed to start in her head, and then come to the surface. On her forehead, temple, cheek and around her mouth were a few characteristic vesicles, but her eye had suffered more than any other part. There were photophobia and great lachrymation. On the cornea there was a pustule, with ciliary injection, and sluggishness of the iris. This was on the first day the patient presented herself for treatment. On the appearance of the eruption the pain greatly decreased. The pustula corneæ in one or two days took on a very angry appearance, and spread in all directions, until there was a well-developed abscessus corneæ with hypopyon, and the continuity of the cornea was once in great jeopardy. She finally recovered, with a pretty fair vision in the left eye, a macula remaining in the centre of the cornea.

The causes which produce this trouble are still very obscure, some physicians think sudden fright or anger, damp houses or sudden changes in the temperature, may produce it.

The cause of *zoster* can be either in a partial irritation of the spinal ganglion, when only some of the parts of the nerve branches are affected, or herpes groups result also from an irritation of a peripheric inflammation, from a wound.

As to the relation of the sensible and sympathetic nerves to the eruption, and as to the ana-

tomical changes which the nerve and ganglion undergo in zoster, opinions differ.

Rayer found no pathological change in a woman who died of herpes zoster, which became gangrenous. Danielson saw a case where the neurilemma was swollen and red, but the nerve was healthy. Baerensprung mentions a case in which the intercostal nerves were thickened, injected, and in the ganglion belonging to the same, a similar pathological condition.

The inflammation was principally in the neurilemma, as well as in the outer covering of the ganglion, and also between the small lobules was a small granular mass, (probably degenerated blood corpuscles). The cellular tissue in which this lay was richer in cells just as these had spread beyond the ganglion to the crossing point, and to both branches.

The nerve fibers were much changed in their form, they were varicose, and their cells were enlarged. According to this statement the process commenced in the spinal ganglion. The inflammation does not extend from the ganglion towards the spinal cord, but towards the periphery.

Baerensprung does not lay much stress upon the inflammation of the neurilemma in zoster, but upon the conducting power of the ganglion fibers, which arise in the ganglion. Baerensprung alludes here to the probable cause of the neuralgic pain in zoster. If the inflammation extend not from the neurilemma to the nerve proper, or no exudation takes place between the two, we should seek for the pain-producing cause elsewhere.

In *tic-douloureux*, (*prosopalgia*), a purely neuralgic affection, where no mechanical cause is its producer, we find no change in the structure of the neurilemma or nerve; in neuritis, the term designates the malady, and the pathologico-anatomical condition, it is different.

It is not often we have the opportunity to examine a diseased nerve under the microscope, except it were after death, when many changes due to the latter may have taken place. We can, through the subjective symptoms, differentiate between the two. Neuritis can be distinguished from neuralgia by the pain being constant, it does not appear in paroxysms, a greater or smaller part of the nerve, and the part it supplies, being affected, and the structure of the nerve-tissue being altered.

Should I advance an opinion as to the cause of zoster, and its accompanying neuralgic pain, it would be one similar to that of Baerensprung. The neuralgia which so often accompanies zoster, is explained by Baerensprung as the transmission of the irritation and reflex action from the ganglion to the corresponding posterior root. Zoster depends, therefore, upon a diseased condition of the ganglion system, and particularly upon irritation of each ganglion, or of the Ganglion Casseri; however, a peripheric irritation of a nerve, which contains ganglion fibers, can produce a limited eruption of zoster vesicles; even the possibility of a purely reflected affection of the ganglions must be admitted.

Weidner found a somewhat similar condition of the sensible root of the first nervus thoracicus. The same author, in a second case, where the trigeminus was affected, found a fatty degeneration of the cerebral arteries.

Wagner, De Haën, Esmarch, Horner, Geenough, Eulenberg and Bowman, in speaking of this trouble, take either one side or the other of the above advanced opinions.

Dr. Haight, in a microscopical preparation of a case of herpes zoster, found: As the nervus trigeminus enters the Casserian ganglion, extravasations of blood with cell infiltration, the blood vessels enlarged; the substance of the ganglion was broken down through pus-cells, particularly in its centre. The ganglion cells were irregularly formed, one portion of the pigment ganglion cells destroyed; in the connective tissue, chalky deposits. In some of the nerve fibers blood extravasations were to be seen; the neurilemma was infiltrated with pus; in the nerve trunk, copious cell infiltration. In proportion as one receded from the ganglion, so did these appearances diminish, only a few fat corpuscles were to be seen in the nerve.

Without the orbit, cell infiltration in the nerves was still visible. The lachrymal gland of the diseased side, with the conjunctiva profusely infiltrated with cells, the cornea opaque and iris dim (through cell infiltration). The retina was covered with extravasation, also the ciliary nerves contained lymph-like corpuscles. The changes in the cornea, iris and ciliary nerves, belong to the herpes zoster; the other conditions are dependent upon phlebitis of the vena ophthalmica.

Such a deep reaching process in zoster must

be very exceptional, and in this case death must have ensued from some other cause, which may have had a great influence upon the pathologico-anatomical condition described above. In this case we have changes in nerve-tissue, which would require weeks for it to return to its normal condition—if such a thing could be possible under such circumstances.

Nature watches closely over her own, and people *do* recover from severe illnesses to perfect health, where the most skillful physician sees no utter chance of a *restitutio ad integrum*. In the ordinary case of herpes zoster, the pain ceases most invariably as soon as the eruption appears; and I have been particular in asking each one of my patients as to this point, and not one complained of any inconvenience, except a feeling of rawness of the affected part, produced by careless treatment of the eruption.

Could any such profuse infiltration or degeneration of nerve-tissue become so restored as to cease to produce pain over night? Surely this is an impossibility. We must look upon the above case as an exceptional one, and consider the changes in the corresponding ganglion and nerves issuing from the same, as a milder affection.

The formation of the tubercles and vesicles takes place in the same way as in eczema. Neumann, in speaking of his desire to study the first stages of eczema, relates his experiment on a young rabbit, in his work on skin diseases. "I chose for my purpose the pinna of a white rabbit. I rubbed the ear for ten or fifteen minutes with *ol. croton tiglii*, put the pinna of the living animal under the microscope, and watched for many hours the process as well as a weak magnifying glass would permit of. The most striking appearances at the commencement were the rhythmical contraction of the blood-vessels, which appeared at one moment empty, at the next moment filled with blood, and later, the blood-vessels dilated, until the blood-stagnation became permanent. In the meantime, the pinna, which was at first transparent, became dark, thick and warm, and after the lapse of a few hours, several vesicles, with serous contents, appeared. Forty-eight hours later the animal was killed, and one saw the tissue soaked with serous fluid, and infiltrated with a mass of cells." In herpes zoster the formation of tubercles and vesicles is produced in the same manner, but here no external cause is

at work, and we must look for the change as caused by nerve-action, more particularly by the sympathetic nerves.

In examining the above, one will most probably be led to the conclusion that the ganglion is the primary seat of the trouble in the herpes zoster. In the same order as the eruption makes its appearance, so does it disappear; and when the scabs fall off, we either find a scar or no trace to show if any morbid process has existed. It is only when the pustules are irritated, through the application of salves or plasters, or rubbing of the clothes, we find a severe inflammation, with profuse purulent discharge, by which means loss of substance takes place, and large confluent scabs are formed, which makes the diagnosis difficult, and only the unilateral existence and the eruption following the direction of the cutaneous nerves, give any certainty. Herpes zoster attacks males more than females. The time of year seems to have an influence upon the appearance of zoster. We find that erythema and purpura, which appear more frequently at certain seasons, make their appearance at the same time.

Herpes zoster may be mistaken for herpes tonsurans, herpes circinatus and eczema.

"Herpes zoster may be distinguished from herpes tonsurans, the real ringworm, through the persistent presence of small vesicles; through the infiltration in the centre, through the slow course and deficiency of any fungus. From eczema, through the sharp borders, through the persistency of the vesicles, also the want of a serous exudation, and the formation of pigment after the eradication of the disease; finally, from herpes circinatus through the chronic course, through the spreading over the entire surface of the skin, and through its prolonged continuation."

The prognosis is favorable, though the neuralgic pains, which remain after the disappearance of the eruption, are often very difficult to cure, more especially should the nerve tissue be involved or pressed upon by a scar.

Treatment.—Permit me to linger here for a moment to compare the treatment of skin diseases generally, as practised by the allopathic physician and our school. Hebra, of Vienna, whose authority in cutaneous affections, should, I think, be held as carrying equal weight with many other writers on these troubles, considers nearly all skin diseases as entirely local processes.

I was often surprised in his lectures, especially when speaking of eczema, to see how much stress he laid upon this point. If a case comes under his care, he administers internal treatment only, when anything of a specific character is to be found. On the other hand, let a rachitic, scrofulous child be brought to him, with an eczema capitis, no notice is taken of the child's miserable condition; but soaps, salves and washes are prescribed, as they may seem best to meet the case. In such a case, the homœopath would have prescribed for any abnormal symptoms present, and if these were absent upon general principals, thus forming a help to any local treatment he might employ.

Who doubts the quicker success and more radical cure under such treatment?

Hebra's views are fundamentally false. No physician has done more to perfect the local treatment of skin diseases than he. Take a case of blepharitis ciliaris, we may safely place it under a scrofulous heading, and it may be the only point to show, that a latent power, whether of faulty nutrition or an inherited evil, is the seat of trouble. An ointment applied locally, may relieve as long as used; but if the patient's health has not improved during its use, on its discontinuation how very soon the old trouble re-appears.

We find skin trouble most frequently among the ill-fed, people of delicate constitutions, and those who have received some poison into their system. Does not this in itself point to the physician *where* the treatment is wanting?

It would be very unwise of us, on the other hand, to expunge from our treatment altogether the local applications which the old school use so exclusively. I may here cite a case.

A young German girl was brought to the Forty-second street dispensary, some ten days ago, with an eczema capitis totalis. Scabs, a half inch in thickness, covered her entire head, so that at no one point could you detect the skin. To have treated this girl only with the appropriate medicine administered internally, would never have resulted, in my mind, in her cure. Here I had to remove these irritating scabs first before improvement could set in. On pressing upon the hard dense mass on one side of her head, a large amount of pus and serum would exude from the edges. With the application of cod liver oil, the whole mass came away in two days, and beneath

we had a case of eczema rubrum, with small, superficial ulcerations here and there. Nothing of a specific nature could be found on the mother or child. Six months after the child was born—she is now nine years of age—this eruption broke out upon it, and German physicians (allopaths) advised her to do nothing for it, that it would gradually go off of itself, and that to cure it would injure rather than benefit her! The appearance of the mother is that of a feeble woman. The father is a strong, hearty man. Since writing this, I have been able to discharge this patient completely *cured*. She was under my medical care for two months, and the last time I saw her, one would scarcely have recognized in her the same little patient of two months ago, she had grown fat, was cheerful, and had a good appetite, whereas, before I saw her, the reverse was the case. *Tellurium*, 3d *trit.* was the principal remedy used.

Last winter I saw a case which brought before me more forcibly than ever, the foolish ideas of a certain class of homœopathic physicians, and the value of local treatment. A lady, a mother of three or four grown children, moving in the upper circles of life, had necrosis (undoubtedly syphilitic,) of the bones of the nose. The fœtor was naturally intensely disagreeable, more so to a woman of fine culture and tastes, considering the company she met daily. She was under the care of a prominent high dilutionist, (how high he soared is none of my business). She asked for some kind of a wash to destroy this fœtor. He could not possibly give such a prescription; it was not homœopathic. He lost his patient, and disgusted a person with homœopathy, who had labored a great deal for its advancement! *Where* could have been the harm if he had acquiesced to her wish?

I feel grateful to my opponents for this bit of knowledge, in the external treatment of cutaneous affections; but surely that does not prevent *one* from using the discovery because it is their custom thus to treat such cases. These bigoted men are as bad as those who pretend to practice homœopathy, and write more allopathic prescriptions than they administer medicine from their little vials. Yet there are some homœopathic physicians who would have treated such a case as I have mentioned, *only* internally, and perhaps, eternally, rather than deviate from a road they had determined to tread in.

Such homœopaths have brought down upon themselves, and upon us generally, and justly, much ridicule and censure, for clinging to these bigoted ideas.

Hebra's favorite prescription was—when he thought internal medication in any given case superfluous—*extr. taraxaci*, accompanied with the sage remark: "*Ut aliquid habeat.*"

The homœopathic treatment of herpes zoster is far more thorough, precise and prompt than that of the old school. The latter has no remedies to apply in the first stage, when the neuralgic pain reaches a very high degree, except *opium*, and if there be fever, *chinin. sulph.*

I have had some eight or nine cases of zoster under my care in the last six months, and I have not seen any pain left in the affected parts when the eruption had entirely disappeared. One of these cases was in an Irishman, who, on first being seen, complained of violent darting pains along the seventh intercostal nerve; no fever. At first I thought it only a case of neuralgia. In two days he returned much alarmed, for an eruption had come out over night, and there was a most beautiful typical case of herpes zoster. I have been able to discharge all these cases in two weeks' time. The method I usually employ in herpes zoster is, when the eruption has fully made its appearance, to prescribe some *cerate* or *zinc ointment*, to be spread thickly upon an old piece of linen and bound over the affected place, to be kept there day and night, changing it twice a day. Thus all irritation is prevented, and when the vesicles break, a soothing substance comes in immediate contact with the exposed and sensitive corium.

The medicines I have found of most use in the pain accompanying this trouble, and having apparently also an effect upon the eruption, are *rhus-tox.*, *mezereum* and *ranunc. bulb.*, but there are others, as *merc. sol.* *Hahn.*, *caustic.*, *arsen.*, *nux-vom.*, *pulsat.* and *sepia*, which may be used when the symptoms would warrant their application. In cases where the ulceration seems to extend deeply, and through pressure upon the nerve may cause pain, *graphites* and *phosphorus* sometimes give prompt relief. It is surprising how quick these medicines check the most distressing and agonized condition, and if the symptoms be closely studied, all cases may be promptly relieved, if no mechanical cause is there to prevent the medicine taking effect. Cold applications frequently are auxiliary means of great importance.

THROMBOSIS AND EMBOLISM OF THE PULMONARY ARTERY IN PUERPERAL STATES.

BY L. L. DANFORTH, M. D.

I HAVE selected as the subject of my paper, the consideration of a topic not commonly discussed in medical journals—probably from the comparative infrequency of the lesion—and only treated of in standard literature devoted to diseases of this special class. I refer to thrombosis and embolism of the pulmonary artery as a cause of death during the puerperal state. Not that I have ever witnessed such an accident, or have had special privileges for the study of the affection; on the contrary, all that I shall state has been derived from a study of the researches of men who have written from the standpoint of practical observation. I have been led to this, believing that an account of the history of the lesion, the opinions entertained at the present time in regard to it, together with an account of the causes, symptoms, etc., will interest you, as it has me, and repay you for the time spent in its consideration.

The pathological changes which are now universally understood by the terms thrombosis and embolism, have been studied in relation to the puerperal state, but mainly and at first, as a lesion of the peripheral circulation, so that nearly all cases of death from occlusion of the pulmonary artery were considered as secondary in their nature, and due to the transference of an embolic clot, which of itself gave rise, if of sufficient size, to the asphyxial phenomena, or acting as a nucleus round which a subsequent deposition of fibrine might take place, caused the same phenomena.

This was Virchow's opinion, to whom belongs the honor of having demonstrated to the medical world that such a lesion was possible. Succeeding writers have, from time to time, concurred in this doctrine. But, Dr. Humphreys, of Cambridge, and later, Dr. Playfair, in a series of interesting articles in the *London Lancet*, in 1867, have been the most strenuous opponents of Virchow's theory. Dr. Playfair expresses his belief as follows: "A careful examination of the now numerous instances from sudden death after delivery, will show that in a large proportion of cases there was no history whatever of puerperal phlebitis or venous obstruction, from which an embolus could be derived; and further, that there

is a clear line of demarcation between the cases due to *embolus* and spontaneous *thrombosis* respectively, with regard especially to the period after delivery, at which the fatal result ensued."

We shall examine into the facts on which the latter part of this statement is based further on, under the head of causes. Suffice it to say, in regard to the opinions entertained of the nature of this lesion, that both views, those of Virchow and Dr. Playfair, are believed to be compatible with truth; in other words, that we can have obstruction of the pulmonary artery after delivery as a result of two methods, *emboli* and spontaneous *thrombosis*.

When we attempt to analyze the causes which give rise to spontaneous coagulation of the blood, we find that *no single* state presents more favorable conditions for the accident than that directly succeeding delivery. The blood contains at such times not only an actual excess of fibrine as a result of pregnancy, but a vast quantity of material destined for excretion, the product of the involution which is going on to reduce the uterus to its usual size. Serious post-partum hemorrhage, which so frequently occurs, may be another predisposing cause. Consider its effects: the patient becomes exhausted, the quantity of blood is reduced, the proportion of fibrine is in excess, and stasis is only required to give all the circumstances favorable to deposition; thus, in no less than *eight* out of the *fourteen* cases of death from this lesion, as recorded by Dr. Playfair, was there either post-partum hemorrhage, or the patient was expressly described as being weak and anæmic. Therefore, an attack of simple syncope, which any patient in this condition is liable to, may be sufficient in itself to develop the most formidable consequences. We refer now to spontaneous coagulation, as confined to the pulmonary artery, a lesion which you will remember was denied by the first writers on this subject.

As we have shown that the peculiar blood states attendant upon the period of pregnancy, and directly succeeding, are prone to give rise to coagulation, we shall find that other portions of the venous system are equally, and perhaps more liable to this lesion than that between the heart and lungs. *Phlegmasia dolens*, a disease of the puerperal state, is quite dependent for its origin on the same conditions, and its most uniform autopsical lesion is venous thrombosis. *Arterial thrombosis*, though rather an infrequent

occurrence, arises from the same causes. All these facts bear on the other form of obstruction of the pulmonary artery, viz.: obstruction by embolism. And right here comes in a point of special interest. When the symptoms of occlusion of the pulmonary artery occur, which lesion shall we refer them to, spontaneous coagulation or to the presence of an embolus from the lower veins? Dr. Playfair, in the extract we have taken from his article on this subject, expresses his belief in the possibility of differentiating between such cases, and in proof of his assertion, refers to the recorded facts in the history of twenty-five cases, fourteen collected by Dr. Barnes, and the remainder by himself. "In twelve out of the twenty-five cases there were either well marked symptoms of *phlegmasia dolens* or *crural phlebitis*, or the veins of the lower extremities contained coagula.

In these instances death occurred on the following days after delivery, viz.: the 19th, 42d, 28th, 13th, 21st, 28th, 29th, 8th, 19th, and 21st, an average of 22½ days. This contrasts remarkably with the fifteen cases in which no clots were found in the peripheral veins. In those in which the date of death was mentioned, it took place on the 9th, 16th, 14th, 18th, 12th, 14th, 12th, 8th, 2d, 11th, 14th, 29th and 8th, an average of 12½ days.

How is this remarkable difference to be explained? Dr. Playfair elucidates the subject in the following way. In the first series of cases, death was due to coagula in the peripheral circulation, and resulting emboli. Now he claims that the *changes* which render such an accident possible, account for the difference in time between the two varieties. These changes are of a degenerative nature, and result in the softening of the coagulum. It can be readily understood, therefore, why the fatal result should occur after a considerable lapse of time, and when convalescence seems to have been fairly established. When spontaneous thrombosis occurs on the other hand, it must arise, as we have seen, from the state of the blood rendering it specially liable to coagulate, and this is much more likely to be met with at a much nearer period to delivery. If these conclusions are correct, and it would seem as if they must be from the statistics given, we have an important indication to guide us in the treatment, which we shall consider after an account of the symptoms has been noticed.

The portion of the circulatory system affected, viz.: that in close proximity to the heart, and that through which the venous blood passes to the lungs, can only give rise to one order of phenomena. There will invariably be sudden and intense asphyxia; an agony for breath which is recorded as indescribable; the pulse at the wrist may be absent, while the heart beats irregularly and tumultuously; the countenance becomes livid; cold perspiration starts out from face and forehead; the extremities become cold, and death speedily follows, or perhaps the patient lingers for hours on the very verge of death, and then slowly revives after the obstruction has in some measure been removed, the physician, in the meantime, exerting all his efforts to maintain the strength and confidence of the sufferer.

Such a picture, frightful in itself, is enhanced by the thought that this condition may develop itself in some unsuspecting moment during the period when convalescence is progressing most favorably, and all danger is considered as happily passed. It is such thoughts as these which have induced me to introduce this subject. Although comparatively of rare occurrence, its most prominent predisposing and exciting causes are such as may exist in the first puerperal woman in the case of any one of our number and render her liable to the calamity described. A fact worthy of notice, before we leave the symptomatology is, that primiparae are more liable to thrombosis and embolism than multiparae. The treatment of the above conditions divides itself into two varieties, prophylactic and sustaining. If *phlegmasia dolens* exist as a distinct affection, either before or subsequent to delivery, or any symptoms of venous inflammation or obstruction arise, we have reason to feel apprehensive of danger from degeneration and detachment of coagula. We must therefore enjoin *complete* and *absolute rest*. Every movement of the body increasing, as it does to some extent, the heart's action, and producing at the same time pressure and displacement of the affected vein by muscular contraction, becomes dangerous according to the degree in which it is indulged. If, in spite of all precautions, detachment, obstruction, and consequent asphyxia do ensue, the treatment must be sustaining to an extreme degree.

It must be remembered that there is a mechanical obstruction to overcome; the patient must be sustained. Dr. Fordyce Barker, in his "Puer-

peral Diseases," says, "When the symptoms of asphyxia are suddenly developed, do not hastily give up your patient. If you can bridge her over the danger of the first attack, you have much to encourage you to continue your efforts." *Alcoholic drinks and opiates* are the chief remedies recommended.

Clinic.

SALICYLIC ACID.

BY EGBERT GUERNSEY, M. D.

THE preparation of this acid from wintergreen oil being very expensive, when large quantities are required, it is usually obtained now from phenol. Sodium-phenol is prepared by dissolving crystallized phenol in a strong solution of commercial soda, evaporating to dryness in iron vessels, and finally heating the pasty mass over a flame, stirring all the while. The sodium phenol is then heated in a retort to 100°, a slow stream of carbonic anhydride is passed through the apparatus, and the temperature, after many hours, is allowed to rise to 180°. Phenol then distils over till the temperature rises to 220°. On decomposing the basic salt with hydrochloric acid, the salicylic acid is separated, and can be purified by dissolving it in etherated alcohol, boiling with soda, and again decomposing by acid. This is now the most common form of preparation, although it is sometimes made from indigo, and directly from salicin, (which is obtained from the willow bark,) by heating it with the hydrate of potassium. The acid is more or less soluble in alcohol, chloroform, ether, essential and fatty oils, and with the aid of gentle heat, with about forty-five per cent. of glycerine. By repeated crystallization it can be rendered perfectly pure. Thus prepared, it consists of shining white needles, which have no smell, and dissolve completely in water and alcohol, so as to form a clear solution. This pure acid can be given in large doses without any of those unpleasant results which follow the use of commercial acid. The pure acid, in swallowing it, only excites some dryness in the mucous membrane of the mouth and pharynx, followed by an increased secretion from their surfaces.

The antiseptic properties of this acid have been found, on careful investigation, to be of

remarkable efficiency. Having no odor, a mild and no unpleasant taste, and apparently no injurious effects, when taken internally in reasonable doses, it can safely be employed where the use of carbolic acid is excluded by its odor and strong chemical and physiological action. It has been used with marked effect as an antiseptic, and in those general conditions of the system where there is a tendency to disorganization of the tissues, and where the trouble seems to result from a kind of fermentative process in the stomach or in the blood. The allopathic school are now in the flush of enthusiasm regarding its action, and claim for it powers which future careful investigation will, without doubt, materially diminish. It is the fate, in that school, of new discoveries to be for a short time the idol of the hour, and then to be placed upon the shelf. It can hardly be expected that salicylic acid will be less fortunate. Thus far in our school we have no satisfactory proving, and in its use are mostly guided by our general knowledge of its chemical action and its empirical use. A few clinical cases, in which its action has been attended with decided success, may be of interest to the profession.

Mrs. J., a lady between seventy and eighty years of age, had suffered for a long time with a serious trouble of the bladder. Many remedies had been used without benefit, and she was rapidly sinking into a typhoid condition. Living out of town, it was inconvenient for me to see her, but her case was reported very carefully by her daughter, and specimens of the water sent me from time to time. The water contained a large quantity of blood, and was half full of pus. There was a constant desire to urinate, which was attended with pain and great soreness in the region of the bladder. I ordered the bladder to be washed out with a weak solution of silicate of soda, and prescribed the remedies which seemed most indicated. The washing out of the bladder was followed by marked relief, but the condition of the water remained about the same. Her general condition was such as to render it evident that unless this irritation and great strain upon the system was speedily relieved, her strength would entirely fail. I prepared a trituration of salicylic acid, one-twenty-fifth, and gave her about two grains of this preparation every three hours. The remedial effects were almost immediately apparent. In two weeks' time the

blood and pus had almost entirely disappeared, the hectic fever was gone, and her strength so far improved as to enable her to go about the house.

Case 2. A gentleman seventy years of age, had a severe attack of diphtheria, which was followed by hemorrhage from the bladder and kidneys. This was relieved for a time, but after a couple of months the hemorrhage returned again, but apparently only from the bladder. It seemed to be of an intermittent character, coming on usually at night, but the water so clearing up in the morning, that during the day it was perfectly natural, showing no morbid conditions, either by chemical analysis or by microscopic investigation. The prostrate was found nearly normal, but a slight contraction was discovered high up in the urethra. This was relieved by the sound. The hemorrhage is now being controlled by salicylic acid, one-tenth of a grain repeated every two or three hours.

Following out the line of thought, of this drug checking to a certain extent morbid decomposition of tissues, more or less active, I have given it with marked success in the stage of gray hepatization in pneumonia, where the patient was expectorating an abundant purulent secretion, there being more or less hectic fever, and where the danger of a rapid breaking down of tissues seemed to be imminent. I have also given it in abscess of the lungs, especially with offensive expectoration, and also where there was evidently an ulcerative condition of the mucous membrane, of the bronchial tubes, and of the larynx. Its use as an external application to ulcers and tormented mucous surfaces, especially in vaginal and uterine leucorrhœa, has been attended with marked success. Very many physicians are using it in the form of a spray or a wash in diphtheritic conditions of the throat and nostrils. The absence of smell, renders it in these cases, and where it is to be taken internally, preferable to carbolic acid, the action of which it closely resembles.

In several cases of dyspepsia, where the condition of the stomach was such that a peculiar fermentative process was produced, attended by a rapid evolution of gas, at times great soreness and also flatulence in the intestinal canal, with more or less pain, and sometimes a flatulent diarrhœa, I have given the salicylic acid with great benefit.

Since the introduction by Thiersch of salicylic acid in antiseptic surgery, its action as an anti-ferment has been elaborately studied by Kolbe, by Letzerich, Salkowski, and numerous experimentors. Its beneficial effects in those conditions of the system calling for such a remedy, have been so marked, that it has grown into general favor. Recently, Dr. Stricker and several other German physicians have recommended it almost as a specific in rheumatism, citing numerous cases where its action has been prompt and entirely satisfactory. In this country it has been used in rheumatism quite extensively, but not always with the success claimed for it on the other side of the water. The dose has been from three to seven grains every two or three hours. I have given the drug in several cases, but in no instance have I found it equal to quinine, the peculiar indications for it being about the same as for the latter remedy. Föbringer has demonstrated by numerous cases the beneficial action of salicylic acid in those forms of fever caused by the introduction of septic poison into the blood. Judging from his cases, the remedy ought to prove of benefit, given in connection with *baptisia* or *veratrum-viride* in puerperal fever, but I have never had occasion to use it in that trouble. The weight of evidence thus far goes to show that the remedial action of salicylic acid is due to its power of arresting the activity of disease germs and disease-producing organisms, and the neutralizing or destroying infectious material and ferments. I am inclined to think there is a brilliant future before the drug, if too much be not expected of it, and it be not brought into discredit because it fails as a universal remedy.

SKIN GRAFTING IN THE TREATMENT OF ULCERS.

(Clinical Experience at the Hom. Hospital, Ward's Island.)

BY DUNCAN MACFARLAN, M.D., STAFF PHYSICIAN.

SINCE the opening of this hospital, the majority of surgical cases furnished having been *chronic ulcers*, a good opportunity has been afforded for trying the various methods of treatment ordinarily employed, combined with homœopathic treatment by internal medication. Of the latter very little can be said, so many different remedies being indicated by the varying condition of the patients. Some points of interest, however, may have been gathered in

relation to skin grafting, and the preparation of the ulcers for that process.

SIMPLE ULCER.

The edges of this ulcer are smooth and even. The ulcer has a bright healthy appearance. The discharge is of a cream like pus, of a whitish yellow color. Grafts may be inserted in this variety at once, afterward treated with *carbolic acid dil.*, (1 part to 25 of water) until healed.

IRRITABLE ULCER.

When the ulcer is large, skin glazed, tense and very painful, by keeping patient at rest, with the limb in a horizontal position, and applying *carbolic acid* and *calendula*, one part of each to 20 parts of water. Have found this to act nicely in most cases. The *calendula* alone has a very soothing effect, but the *carbolic acid* being a stimulant and antiseptic, they act well together, increasing the discharge and lessening the inflammatory process. When the inflammation subsides and granulations are healthy and not too profuse, the grafts are inserted and take as readily in this variety as in any other.

SLOUGHING ULCER.

Ulcer is black, with foul discharge coming away in mass. The most successful method of treating this ulcer is to pack it with pulverized charcoal and apply flaxseed poultices. In a few days this clears up the ulcer nicely. Continue the poultice until it is bright and filled up in the centre with healthy granulations, then insert grafts.

INDOLENT ULCER.

In this variety where there was very little discharge, livid appearance of the limb, little or no pain, have found the *Ferri et potassae tart-rass* (1 oz. to 3 oz. of water) to brighten the ulcer and start up healthy granulations in a few days. Also *bisulphide of carbon* brushed over the ulcer two or three times daily, will act well.

The granulations are very profuse when the ulcer commences to heal. Grafts should be inserted about the edges, and isinglass plaster (with small perforations for the escape of the pus) placed over the ulcer to keep the grafts from being carried off by the discharge.

VARICOSE ULCER.

This is one of the most troublesome varieties, on account of the pressure about the ulcer caused by the varicose veins.

In some cases acupressure pins have been applied behind the large venous trunks in popliteal space. This method has been very success-

ful, ulcer healing up in a remarkably short time. The pins were allowed to remain in three to four days, and after they were taken out there was always some slight inflammation to which *calendula* was applied. The applications to the ulcers in most cases have been *hamamelis*, (1 part to 10 parts of water) with the same remedy internally.

The treatment by acupressure pins is dangerous, on account of phlebitis being liable to set in. The safer, but more tedious way is to apply roller bandage with a reverse turn from foot to knee, thus relieving pressure, and treat with the *hamamelis* or *balsam peru*. An elastic stocking should be employed after ulcers are healed to prevent a relapse.

SYPHILITIC ULCER.

In this variety we have everted edges, gray base, and copper colored surrounding, and the peculiar thin brownish discharge, with the characteristic pain in the long bones at night. In a number of these ulcers, *mercurius dulcis* (1 to 10) was applied. This would brighten ulcer and alter the character of the discharge in a short time, when fresh grafts may be inserted about the edges of ulcer, allowing it to fill up in centre. In twenty-five cases, of which close record has been kept, 150 superficial skin grafts have been inserted, merely the horny layer of epidermis taken from palm of hand, grafts being quite small, not larger than three-eighth inch long by one-quarter inch wide. Out of this number 133 have taken well; and when once taken they spread rapidly, provided the ulcer is kept in a healthy condition. The grafts should be made with a sharp scalpel, first shaving off the horny layer of epidermis, and when inserted care should be taken to put the under-surface of graft on the raw surface of ulcer, also to press them in the flesh. Then bind them down with isinglass plaster, perforated, to allow for escape of the discharge. Where the ulcers are superficial, the grafts may be inserted all over the ulcer; but when they are deep they should be inserted around the edges. This approximates the edges and assists the ulcer in filling up in the centre.

ACONITE-POISONING.—A case of death is reported in the *Lancet* from the accidental administration of aconite-liniment. According to the estimate, the patient swallowed one-tenth of a grain of aconitine.

INTERMITTENT FEVER—DOUBLE QUOTIDIAN.

BY R. B. SULLIVAN, M.D.

(House Physician, Hom. Hospital, Ward's Island.)

ROSE DONAVAN, entered hospital January 4th, 1876, aged 33, single. Service of Dr. Berghaus.

This patient had suffered with attacks similar to the present for two years past, at which times she took freely of quinine. These would last from two to four weeks, and were temporarily broken by the quinine. The present attack is a type of the double quotidian; a paroxysm occurring twice every twenty-four hours.

The chills were preceded several days by aching heavy pains in the lower extremities, back and head, marked vertigo with epistaxis, always followed by a bursting headache. Her first chill was on December 27, 1875, beginning at 10 a.m., and lasting until about 8 p.m., second beginning at 11 p.m., lasting until 1 a.m.; this was repeated every day since. She complained of a sensation of internal heat and external chilliness, with, at times, a cold pain from the head extending down the spine, with hot flashes; burning of soles, great lassitude in muscles of the back, making her very restless. Severe head-ache, with marked vertigo, cracking sensations in the cervical vertibræ, which greatly alarmed her. The pyrexia was not severe, lasting about two hours and a-half, with profuse sweat and some thirst, alike after both chills. Was very restless through the latter part of the night. Feels perfectly well during apynexia, with the exception of weakness and langour. *R. sulphur*, 2 c., six powders every half hour, followed by *Sac. lac*.

Jan. 5. Chill began at 10 a.m., lasting till 12 m. Less pain in the head and back. Soles and palms burn terribly; more general chilliness; not the internal heat. Hot flashes less often. Hot stage and thirst less severe. Cracking sensations and soreness of neck, which was marked yesterday; to-day nearly absent. No chill in the night; slept quite well, with profuse perspiration. *R. sulphur*, 2 c., at night.

Jan. 6. One very light chill at 10 a.m., duration only half an-hour. Head and back ache nearly absent, only an occasional hot flash; less burning in soles. Scarcely any hot stage; no thirst, but little perspiration. *R. Sac. lac*.

Jan. 8. Neither chill, heat nor sweat yesterday or to-day, and was discharged cured, January 8, 1876.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

BEHIND THE SCENES.

"Something is rotten in the State of Denmark."—*Hamlet*.

In the editorial columns of one of the very best old-school periodicals, can be found some interesting remarks, which, if they be true, show to the uninitiated how many of the allopathic medical schools in the country are managed, and how hospital appointments are gained. We can scarcely believe that so much competition and jealousy exists among our elders, but will give the following extracts, which indeed must be discouraging to the younger members of the profession. The following quotations will suffice:

"We know that it is the custom for the professors to hold out brilliant hopes to their classes, and to promise them all sorts of rewards for their labors; but by actual experience, these hopes are *seldom if ever realized.*" (The italics are ours.)

"The whole trouble lies in the present system of medical education, which, disguise it as we will, is carried on almost solely *for the benefit of close corporations in the shape of medical schools.*"

* * * * * "It is true every one is made to understand, even by the college professors, that the profession is not one from the practice of which a fortune is to be gained, but it is also confidently, *if not blindly asserted,* that by hard work, a competency is secured, and an enviable

reputation attained. We believe in the latter condition, but not in the former." "It is well known, that the larger number of really talented men in our ranks were poor, and so far as statistics would seem to prove, the greater a man's reputation was, the less was his income apt to be. The exceptions to this rule, even in our day, are more apparent than real, for our most successful men in practice, in a pecuniary sense, are *not* those most respected for their learning among their peers." "But the commencement orator—allowing for the sake of the argument, that the ranks are crowded—still maintains, that above the common struggling mass of ordinary intellects, there are vacancies of position, which every conscientious worker may help to fill, and still there will be room. This is to be understood as *that higher realm of thought in which their teachers dwell,* and in which there is none of that *base rivalry* for preferment, and none of that *meanness of purpose,* which CHARACTERIZES the lower stratum of professional society. While we forgive the innocence of such an assumption, we are discourteous enough *to deny the fact.*" "If some of these young men should ever dare, unsupported by *some college ring,* by social influence, or political patronage, to apply for a hospital appointment or professorship, they may be somewhat astonished at the amount of *jostling, elbowing and toe-treading* there is in the UPPER AND ROOMIER REALMS OF PROFESSIONAL DISTINCTION. Talk of the dignity of their profession! *What would these aspiring, high-minded young men think of their pet-professor* BUTTOLING SOME POT-HOUSE POLITICIAN to obtain a position on a hospital board? What would they think, *of gentlemen of standing and influence, stooping to displace their brethren on such a board, for the sake of filling* THE VACANCIES THEMSELVES?"

This quotation is long, but what does it reveal to us? Even that among those to whom the world in general is accustomed to look with reverence and respect, there is the most deplor-

able lack of principle and disregard of ethics. It makes us look with distrust on that volume known as the *Medical Register*, wherein are named only those of "regular education," and rigid adherents of the code of ethics. Can it now be possible that in that profession which "embraces the wisdom and learning of all time," such hypocrisy exists as must be inferred from the words we have quoted? Even below "that higher realm of thought in which their teachers dwell," is there so much "base rivalry" and "meanness of purpose?"

We confess, this editorial (and the journal from which it comes, is certainly one of the most liberal and reliable in the country,) has staggered us in our belief in the "high-toned" profession which we have been taught to revere and follow. It reveals a condition of affairs that is rotten to the very core. It is most humiliating, *even to us*, who are considered by these "gentlemen of standing and influence," as beyond the pale of "regularity." These gentlemen, occupying "the upper and roomier realms of professional distinction," who would blush to see our names in the *Medical Register*, and would refuse a consultation with the homœopathic physician and surgeon, on account of "irregularity," yet will "*button-hole a pot-house politician*" for an appointment, and can be found "*stooping to displace their brethren for the sake of filling vacancies themselves.*"

Surely, there must be some inconsistency here. Might not, if this editorial be true, they say to their students:

Pause, pause ingenuous youth, and let there be
One gleam of common sense 'mid verdancy,
Let not a tinsel'd stage, with gaudy glare,
Allure your footsteps on—you know not where.
The painted scene looks pleasantly to you,
By light, and shade, and distance of the view.
Behind, 'tis dark and drear, and damp and cold;
The cob-webs thick, the ragged canvas old;
The beauteous actress is begrimed with paint,
There's no reality,—'tis all a feint.
So 'tis with med'cine—Education's stream,
Once was so bright, that every laden beam

Of knowledge, shone resplendent far and wide,
From college prows, that stemm'd the rippling tide.
Now, every Doctor mans a separate craft,
Crowds it with students thick, both fore and aft;
Becomes a Charon—Takes a piece of GOLD,
Turns knowledge stream, to be the Styx of old;
Cares for naught else, than that the cargo yields,
And turns to Pluto's realms, the Elysian fields.

If "in the lower stratum of professional society," there be so much "base rivalry for preferment," and "meanness of purpose," and if "in the upper and roomier realms of professional distinction"—("in that higher realm of thought,") there be "jostling, elbowing and toe treading," "the button-holing" of "pot-house politicians," and a disregard of the code of ethics so great that, "gentlemen of standing and influence" will stoop "to displace their brethren for the sake of filling the vacancies themselves," where, we ask, is to be found that moral dignity, that elevation of thought and action, that much talked of etiquette, which, from time immemorial, has been the boast of the medical profession? Echo answers.

EXPERIMENTS WITH ANÆSTHETICS.—In the *Annals de Hygiene*, Prof. Dolbeau describes his various experiments to ascertain whether a person can be anæsthetized during sleep. He mentions the cases of three patients who, while sleeping, were readily aroused by applying small quantities of chloroform at no great distance from the nostrils. In another series of experiments, made on seven patients, ten drops of chloroform were poured on a napkin folded in four, which was gradually brought into the vicinity of the air passages, so that all air inspired had traversed it. In all these cases the patients were suddenly aroused from their sleep, some immediately, and only one after the eleventh inspiration. A third group of cases consisted of twenty-nine patients. It was found that in ten out of this number, that is, in more than a third, complete anæsthesia could be induced without awakening them. Dexterity in the mode of procedure seemed to have something to do with the proportion thus obtained, as it increased progressively with the number of cases experimented upon.

Correspondence.

THE GRADED COURSE—"MEDICUS" ANSWERED.

Editors Homœopathic Times.

HAVING the highest respect for my elders and betters in the profession, I am slow to pick at their sayings or doings. And yet as "*Medicus*" in your April issue, seems to criticise my *alma mater* rather severely, I rise to explain. I do not desire to condemn his letter as a whole. I think many points well taken, for there can be no doubt about it, that in the present advanced condition of medicine and surgery, no mortal man can acquire more than their rudiments in three years. It will be remembered that the New York Homœopathic Medical College was the first in the country to adopt the graded course, and that prior to such action, medical curricula had been as full, and only two-thirds the time given for their acquirement. Ophthalmic surgery, medical jurisprudence, histology, psychology, gynæcology, etc., etc., were taught there, (if I am not *greatly* mistaken,) when the regular course of study was only two years. So far as *additions* go then, this school has not done much amiss. Then again, I must *differ* from the gentleman as to *what* is *essential*. The writer has *lost* business, and been the unfortunate cause of a slur upon the education of homœopathic physicians, because not a good ophthalmologist. There is not an allopathist in the town where I practice who cannot and does not operate upon and prescribe for ophthalmic cases frequently, and often successfully. When I attended Dr. Leibold's lectures, I paid not the least attention, and was studying "*therapeutics*," thinking, like "*Medicus*," that ophthalmic surgery was not "*essential*," but I know better now. Again, in large cities where specialists are numerous, your correspondent's view may obtain, but in the country the "doctor" must be able to handle everything. "*Medicus*" lays stress on anatomy and medical chemistry. The writer was ranked *not low* in his class in *both* these branches, and has never seen the *slightest* use of either beyond a general knowledge of the human frame, and chemistry as applied to digestion, respiration and the urine. By all means, let us have post-graduate courses, and God grant they may be well attended, but I don't believe they will.

Now, "*Medicus*" seems to think graduates must be completely educated men in the several branches studied. *By no means*. No one of the great literati ever found himself such on becoming A. B., nor was it until long after A. M., and by the severest self-culture, that he became eminent. Nor can, nor does, any decent medical school expect to do more than take the initiative steps with her students, and show them *how* to study, bless them, and bid them "*Prove* all things, and *hold fast* (in memory) that which is good." And that M. D. who gives up regular habits of study when he hears his last lecture, is no more to be trusted with the dealing out of medicines, than a madman is to be allowed fire-arms. I claim, then, that our colleges must *teach* all the branches of medicine and surgery, giving the student the rudiments, and teaching him *how* to pursue his study of the subject.

His first case may be psychological or ophthalmic, and if he is utterly ignorant, he will not know how even to *begin* to *study up* his case. And if every class is warned, as mine was, (by our honored professor of surgery,) that we had only *begun* to study medicine, thoughtful men will go on vigorously and be useful. Nor will any professor in his senses suppose that the student stands on the same footing with himself (in point of knowledge.) He knows too well that the tyro can only have a "*little precise knowledge* in any branch." I claim then, finally, that at present our medical schools must teach *everything* necessary to *give* their students a *start* in all branches; and as rapidly as possible lengthen the term of study to five, or even seven years. And the gods hasten the time when one poor over-taxed human brain will not be expected to contain all that should be divided among many. For the time must come when medicine, surgery, gynæcology, ophthalmology, etc., etc., will be regarded everywhere (as they are now, to some extent, in large cities,) as *distinct* professions, as *sui generis*, as *law* and medicine are now respected. But, until that happy era, don't expect the country doctor to treat everything without a slight maternal start. Let our "good mother" show us *how* to begin to study all branches of our profession, and it will then be *our* fault and not her's, if we commit great blunders.

ALUMNUS,

N. Y. Hom. Med. Col

Medical Annotations.

IODIZED COTTON.—Finely divided iodine (5 to 10 parts) is sprinkled between layers of loose cotton (100 parts) introduced into a tall glass vessel, and the latter placed horizontally on a water or sand bath. As soon as vapors of iodine are seen to rise, and the air has been expelled from the vessel, the latter is tightly stoppered. On continuing to apply a moderate and uniform heat, the iodine rises in violet vapors, penetrates the cotton, and colors it yellow. After about two hours, the cotton will have assumed the color of burnt coffee, and the operation is finished. Cotton iodized in other ways, as, for instance, by immersion in concentrated solutions of iodine, in ether or carbon disulphide, retains merely traces of iodine, and most of it escapes with the vapors of the solvent. The above is Méhu's method.—*Jour. de Phar. et de Chim.*

DISPLACEMENT OF THE LIVER.—An unusual case of displacement of the liver was recently treated in the Bellevue Hospital, New York. The patient was a man of forty-two, who had no history of specific disease; a temperate liver, and had not been subject to any of the causes that favor displacement of the organ. On admission, he was troubled with piles, with frequent desire to defecate. Soon after he suffered from ascites and jaundice, which after a time disappeared. The abdomen, in addition to the fluid, contained a solid body, sharp in outline at its lowest border, which could be moved about easily. Percussion and other modes of examination left no room to doubt that it was the liver "dislocated" about three inches. At one time its free border had nearly reached the umbilicus. The mass could easily be restored to the normal position of the liver, but returned as soon as the mechanical support was removed.

ALUM IN URTHRITIS.—Dr. Am. De Vos (*Annales de la Société de Liège*) thinks that a supersaturated solution of calcined alum, properly used, is the most efficacious treatment for urethritis. A supersaturated, watery solution of calcined alum should be made, and so much excess of the very fine powder added, that it remains in suspension when the bottle is agitated. The solution is left quiet a moment before using, so that any larger crystals may subside. After the patient has micturated, this solution is injected and retained for several minutes, and then allowed to escape slowly. The walls of the urethra are thus coated with a fine deposit of alum, which is better accomplished in this way than by the use of suppositories or medicated bougies. If carefully repeated, not more than two or three times in the course of twenty-four hours, a rapid cure is almost uniformly obtained. It is sufficient to avoid all excess, without having to follow those rigorous dietetic restrictions which are as annoying as the disease of the patient. Besides, the use of copaiba and cubebs may be dispensed with. This treatment is most applicable when the very acute symptoms are subsiding.—*Lyon Med.*

DETECTION OF HYDROCYANIC ACID.—The following is M. Carey Lea's method for detecting hydrocyanic acid. A grain or two each of a pure ferrous salt (ammonio-ferrous sulphate answers,) and uranic nitrate are dissolved in half an ounce of water. Two or three drops of the mixed solution are placed on a clean, white porcelain capsule, and a drop or two of the liquid to be tested is made to slip slowly down. If a cyanide be present, a purple precipitate (in very dilute solution, grayish-purple,) is produced. Cobaltous nitrate may be substituted for the uranic salt, and gives an almost equally delicate reaction. The delicacy of the Prussian blue test may also be very much heightened by appropriate precautions. The best method is as follows: a weak solution of iron is to be made, containing a ferrous salt, to which a little ammonio-ferric citrate is to be added. Of this solution, acidified with hydrochloric acid, two or three drops only are to be placed in a white porcelain capsule. A drop of the liquid to be tested, is then allowed to slip down the side of the capsule, and this, meeting the iron solution, will produce a blue cloudiness. Either of the above tests will indicate the presence of *sublim* of a grain of anhydrous prussic acid. The ammonio-ferric citrate should also have the preference over the sulphate in testing the purity of potassium ferricyanide.—*Am. Jour. of Science.*

ON THE HYPODERMIC TREATMENT OF INDOLENT ENLARGEMENTS OF THE CERVICAL GLANDS.—Indolent glandular enlargements should be either cured radically or left altogether untreated. Half measure only give rise to disappointment, and cause disfigurement. An enlarged gland may be a slight blemish, but when it has been blistered, poulticed, painted with iodine, incised, or subjected to any of the various modes of treatment recommended in such cases, it often becomes a deformity. As a rule, parents and young ladies are very desirous to get rid of these glandular swellings, not only on account of the disfigurement which they occasion, but because they are regarded as blots on the family escutcheon. It becomes important, under these circumstances, not only to disperse the tumor, but to leave behind as slight traces of their previous existence as possible. For the last eighteen months I have been engaged in trying various remedies, hypodermically, with a view of curing indolent glandular swellings. I have tried solutions of pepsine, with and without dilute hydrochloric acid, dilute hydrochloric acid alone, dilute acetic acid, tincture of iodine, alcohol, solution of nitrate of silver, solution of chloride of zinc, and several other remedies.

In carrying out hypodermic treatment, the cure may be effected either by resolution or by destruction. In the former case, absorption takes place; in the latter, the infection is followed sooner or later by suppuration. It is desirable, if possible, to cure by resolution. I have found acetic acid, as recommended by Dr. Broadhurst, for the treatment of certain kinds of cancer, the most useful remedy for this purpose. With this agent I have treated twenty-seven cases; of these, fifteen were com-

pletely cured by resolution, four were greatly benefited, in five suppuration took place, and three patients discontinued treatment without any decided effect having been produced. I have used the ordinary dilute acetic acid of British Pharmacopœia, and have generally injected from five to twenty drops, according to the size of the gland to be treated, seven or eight drops being an average dose. The injection should not be made more than once a week. The fluid should be injected well into the middle of the gland. Suppuration has generally resulted from the solution having been injected either too frequently or too superficially. If suppuration takes place, the fluid should be drawn off with a hypodermic syringe or aspirator. The average duration of treatment by resolution is three months. For treatment by destruction and suppuration, a solution of nitrate of silver answers best. The solution should be of the strength of one drachm to the ounce, and not more than three to five drops to be used. Considerable interstitial destruction is generally produced after three or four injections, sometimes after a single injection. When pus forms, it should be drawn off as already directed. Treatment by destruction, if successful, is rather more rapid than that by resolution, but induration of the outer portion of the gland sometimes follows the treatment, and interferes with its success. I have treated five in this way; in three of them the cure was complete, and in two, incomplete. The treatment by pepsine and dilute hydrochloric acid was rapid, but was twice followed by superficial sloughs of the skin, and for that reason I abandoned it.—*Dr. Mackenzie, Med. Times and Gazette.*

THE TREATMENT OF CHLOROFORM POISONING.—*Dr. Hardie's* recently reported case has gone a long way towards destroying the proud *prestige* of ether, and towards showing that its superiority over other anesthetics is purely ethereal. We have still to search for a safe anæsthetic, but, in the meantime, human beings will continue to imbibe the more or less lethiferous vapors now in vogue, and it therefore becomes important that a concerted plan of action should be agreed upon when danger arises. As matters stand now, one man trusts to galvanism either of the heart or of the phrenic nerves, another puts his faith in artificial respiration, a third is content with flicking the skin with a wet towel in the hope of returning the expiring vital spark, another throws all his energies into opening the windows and pouring brandy down the victim's throat. Now, under the plan of inversion, introduced by Nélaton, recoveries have been effected after a much longer period of apparent death than under any of these; and it certainly is only right to give this method a fuller trial, and to resort to it on the first threatening of danger, and not after a number of other things have all been tried in turn and in vain, and when it would be as rational to attempt to resuscitate an Egyptian mummy.

Though the following case presents no novel feature and, indeed, is altogether less striking than the cases reported by *Dr. Campbell*, *Dr. Marion Sims*, and *Sir*

John Rose Cormack, still I think it worth recording, because it serves as well as another to redraw attention to this important subject, and because it may stimulate those who have opportunities experimentally to determine, first, the condition of the brain in cases of chloroform-poisoning; and, second, the comparative value of artificial respiration in the horizontal and the inverted position. A boy, about eleven years of age, who had previously taken chloroform without any bad symptom, was narcotized in one of the surgical out-patient rooms of the Manchester Infirmary for the purpose of having a large *nævus* ligatured. Before completing the operation, my attention was drawn to the patient, when I noticed that respiration had ceased; his teeth were closed, there was a frothy mucus at the angles of the mouth, the lips were blue, the pulse could not be felt at the wrist, nor, on placing the ear to his chest, could any action of the heart be detected. Several students were present, and, at my request, one of them held the boy up by his heels, while I commenced to employ artificial respiration on *Silvester's* plan, his tongue being meanwhile drawn forward by a pair of forceps. No note was taken then of the time that elapsed before a natural respiration was made; and, therefore, no perfectly accurate record can now be given. We are, indeed, little able to calculate the flight of time under such circumstances with precision; and, conscious of the tendency we have under excitement to exaggerate its duration, I did not myself give any estimate; but, on referring to those students who were mere onlookers, I found that none of them gauged the time at less than six minutes before the first feeble respiration showed there was still life in the lad. Little by little the respirations increased in strength, he vomited, and, in a few minutes more was all right again. It is, of course, easy enough to slip on a slip of a lad in this way, but if we decide to Nélatonise all our patients who show dangerous symptoms, it may chance that some "*Manningtree* ox" of a man may tax our capacity; would it not, therefore, be desirable to furnish every operating theatre with a hoist by which the weightiest patients might be at once elevated to the necessary altitude, and kept there till the danger has passed away?—*British Medical Journal.*

From the British Journal of Homœopathy.

PHYSICIAN OR HOMŒOPATH. By *R. E. Dudgeon, M.D.*—That the *Lancet* should wrest my words into an admission that I had abandoned and abjured homœopathy, and had given the "death-blow to homœopathy," was not surprising, seeing that one *raison d'être* of that trenchant periodical is to give the *coup de grace* to the obtrusive system of *Hahnemann*; but that my friend, *Dr. Conrad Wesselhoeft*, should think that I am a traitor to the cause we both have devoted the best energies of our lives to defend, because I decline to accept the nick-name of homœopath as the designation of my status as a practitioner of medicine, is to me a great marvel. *Et tu Brute!* shall I bid my cloak around me and succumb without a word? I am not, perhaps, sufficiently heroic to follow the *Cæsar*ian

example so far, more especially as I feel that my transatlantic Brutus has mistaken my meaning and missed his blow. I have no objection to the word homœopathy to express the method of cure by similars; indeed, I think it is the very best word that could be selected, and infinitely preferable to homœotherapeutics or any other. I admit, indeed I am proud to admit, that I practice homœopathy wherever it is applicable, but I refuse to accept the name of homœopath in place of the name of physician to which I am entitled, and which accurately denotes my position. Those who have declared their resolution to refuse to prescribe medicines on the great therapeutic principle of similia similibus, and those, if any there be, who have sworn to prescribe on no other principle, are sectarians, and may, if it so please them, call themselves allopaths and homœopaths; but the true physician is he who holds himself free to avail himself of all the resources of therapeutics, and binds himself in no way to reject any means whereby he may benefit his patients and cure or relieve their diseases; and this, I believe, is the position taken up by all, or nearly all, those who have acknowledged the rule similia similibus to be a great and a true therapeutic law.

But though the selection of the appropriate medicines for the cure of diseases constitutes a part of the physician's duty, it does not comprise it all. Disease is multiform and remedial agents are many. He who imagines he can cure everything by drugs alone, will soon find his mistake, and any one who thinks that the whole duty of the medical man consists in hunting up symptoms in a repertory, will fail to cure many cases that a more extended view of the resources of therapeutics would have enabled him to cure. But such a narrow-minded apprehension of the medical art is never met with in actual life. In the vast majority of the cases he is called on to treat, every physician, let him prescribe what medicine he may, feels it necessary to prescribe other remedial means pertaining to diet, regimen, climate, hygienic arrangements, exercise, dress, baths, the indulgence of the passions, the pursuit of business, pleasure, or study. Then what may be called extra-medicinal means enter largely into the remedial measures of the modern physician, such as poultices, fomentations, compresses, galvanism, friction, mesmerism perhaps, the selection of country quarters, the protection from noxious agencies, the regulation of the use of tea, coffee, tobacco, and stimulants; in short, the selection of the appropriate drug forms such a small part of his duties that it would be monstrous to regard the physician as a mere physic-giver, and *a fortiori* it would be absurd to change his honored name for one that would imply that he is a mere giver of physic according to a certain, but by no means universal, therapeutic law. In the days when the doctor was chiefly regarded as the drawer of blood, and when he displayed the bloody bandage on the pole as the sign of his calling, the title of "leech" was probably sufficiently accurate, and the *Lancet* would then be an appropriate name for the journal that expressed his views; but now that bloodletting is an almost aban-

doned practice, "leech" and *Lancet* are equally obsolete terms. 'Tis true his modern successor of the allopathic sect even now displays the sanguine-colored lamp over his front door, but the practice of our railways has taught the public to regard the red lamp as a danger signal, which may be one reason why the help-seeking patient is nowadays more often deterred than attracted by the crimson flame. As the bloody bandage has been abandoned to the barber, so, doubtless, ere long the red lamp will be left entirely to the railways, where it will be only suggestive of broken heads and smashed legs, and not of the means of curing these evils.

Why, then, should the physician wish to retain or to assume the name of "homœopath," which has only reference to the drug-giving portion of his practice, which, as we have shown, only constitutes a portion, and that not the chief portion, of his calling? In many cases for which we are consulted, we do not consider it necessary to prescribe any medicine whatever. We effect a cure by appropriate diet, exercise, or baths, by enforcing the discontinuance of some unwholesome habit, as over-study, too much confinement at sedentary work, mental worry, abuse of tea, tobacco, or stimulants, excessive sexual indulgence, over-abstemiousness or gluttony. If, in such cases, we prescribe any medicine, we perhaps do so because we know that the patient expects it, and that he might not attend to our other advice without the conventional medicinal prescription, and then we only attach a secondary value to the drug prescription, or we give some innocent placebo. The cases in which we rely entirely on the specific medicine for the cure, are few in comparison with those in which we regard the drug prescription as of secondary importance.

The art of medicine is not only "long," as Father Hippocrates says, but it is broad and vast as well, and drug-giving forms but one of its numerous branches. Homœopathy is for us the chief, the best, but not quite the only rule of drug-giving. This and other periodicals devoted to the exposition of the homœopathic method, would never have been established had it not been for the absolute rejection by the dominant majority of the medical profession of the system of Hahnemann, for their fierce and irrational denial of the truth of his therapeutic law, and for their contemptuous refusal to give the homœopathic method a fair trial, or even to allow any evidence in its favor to appear in their periodical organs. There was actually no help for this state of things but to establish special organs for the demonstration of the value of homœopathy as a method of treatment of disease. The existing medical periodicals declared, without inquiry, that homœopathy was false, and that they would not sully their immaculate pages by admitting a word about it from any who thought otherwise. It became a necessity, therefore, for us who were convinced of the excellence of the method, to establish special organs for its promulgation. Then, as we were refused permission to practice it in existing hospitals and dispensaries, we had to get up special ones; and as the subject of homœopathy was excluded from all existing medical societies, we had to

form ourselves into societies of our own in order to ventilate our views, exchange opinions, and discuss doubtful points. All these institutions, journals, hospitals, dispensaries, and societies were founded for the sole purpose of displaying the advantages of the homœopathic method, and developing the homœopathic therapeutics.

We are very far from regarding this journal as an organ of general medical science. It is an organ of homœopathic therapeutics, as its name implies, and if we do insert occasional articles that have no bearing on homœopathy, we do so apologetically as it were, and because we know that there is no chance of these articles being admitted into the periodicals of the dominant party which profess to be the organs of general medical science, but which by their narrow-minded exclusiveness betray their sectarian character, and extend their ostracism of homœopathy to all the writings of those who avow their confidence in homœopathic treatment.

So with regard to our hospitals and dispensaries; these are intended to show practically the advantages of homœopathic treatment; but as it is impossible to exclude patients who require something besides medicinal remedies, the treatment must include everything that the physicians and surgeons deem requisite to enable them to cure the patients.

Our societies, as a rule, profess to exclude all subjects that do not bear directly upon homœopathy, but the practical papers read before them often contain much concerning the treatment of diseases besides the homœopathic application of drugs.

The journals, hospitals, societies, and schools of the majority say explicitly or implicitly, Here we write about, practice, discuss and teach all that appertains to medicine except homœopathy, with which we will have nothing to do. Hence the necessity is imposed on us, who know homœopathy to be the best form of medical practice, to establish journals, hospitals, societies, and schools for the purpose of writing about, practicing, discussing, and treating homœopathy.

Thus there is no intention on our part "to abandon the name of homœopathy to please our opponents;" on the contrary, we take every opportunity of exalting its excellence and recommending it as the best method of medicinal treatment at present known to us. But while advocating homœopathy, and employing it whenever applicable, we refuse to call ourselves "homœopaths" or homœopathic practitioners, for that would be to assume a sectarian character which does not belong to us. Indeed, the British Homœopathic Society would expel a member who announced himself on his door-plate as a homœopathic practitioner, for a physician no more becomes a "homœopath" by belonging to a homœopathic society than he becomes an "intro, chemist" or a "herbalist," by being a member of a chemical or herbarial society. We are the true representatives of medicine. We are not exclusive like our brethren of the old school. In their societies and colleges have passed resolutions to employ homœopathic treatment. Therefore there is no more reason in dubbing us "homœopaths" than there would be in calling a practitioner who employed galvanism in his practice a "galvanist," or one who made

frequent use of subcutaneous injections a "hypodermic practitioner."

We claim a right to the grand and comprehensive title of physician, and leave sectarian appellations to those who openly refuse to employ or inquire into the merits of this or that mode of treatment, however well recommended it may be by competent observers who have experienced its advantages.

Our opponents tell us that they do not object to our prescribing medicines according to the homœopathic principle, nor to our giving these medicines in what doses we think best, but they do object to us calling ourselves "homœopaths;" and they would be perfectly right in objecting if we did assume this distinctive appellation. But as we do not assume this epithet, and as it is altogether inappropriate, as I have shown above, we should be fools to allow ourselves to be so designated, without a protest.

"What's in a name?" asked Juliet. A great deal if it be a cause of offence to our neighbors. But as it is they who have given us the name, our only fault is that we have submitted to be so called, and have even sometimes thoughtlessly adopted it, in order to avoid circumlocution.

I may be reminded that Hahnemann himself called those who believed in and practiced homœopathy, homœopathic physicians, and that many of his school are in the habit of calling themselves by the same name. But he and they attach no other meaning to the epithet than that of "physician employing where practicable and best the homœopathic method in the treatment of diseases." Our opponents attach quite another meaning to the word "homœopath," and interpret it as implying that the practitioner who assumes it (or on whom they bestow it,) thereby implies that he will have to do with nothing but homœopathic therapeutics in the treatment of disease, which of course is not the case. Our opponents have certainly registered a vow not to use homœopathic treatment—and they constantly break it; we have done nothing parallel, but have always considered the whole field of therapeutics our domain.

We should, indeed, be sorry to assume the name of homœopath under any circumstances, seeing the effect it produces on our misbelieving colleagues. Were we compelled to adopt it, we should feel that with Macbeth we possessed a name not calculated to attract, but rather repel further acquaintance.

"Macduff—What is thy name?"

"Macbeth—Thou'lt be afraid to hear it."

The effect of declaring oneself a homœopath in an assembly of old-school doctors would be to create general consternation and a rapid skedaddle. But as we do not wish to live on such uneasy terms with our colleagues, however much we may differ from them in opinion, we disclaim all intention of assuming a name to which we have no title, and which is inaccurate if applied to us.

In a science like medicine, which includes so much, it is a mistake to take a name that has reference only to a part of the science, as though we were exclusively occupied with that part. The example of religionists who call themselves or allow themselves to be called Lutherans, Calvinists, Wesleyans, and so forth, is not a precedent for us to follow, for these appellations have materially contributed to perpe-

tuate the differences among Christians, and to render them ineffaceable. This is not our aim. Homœopathy is merely an improved mode of employing drugs in disease—a new discovery, if you like, that renders the application of remedies more certain and simple. It is like the introduction of steam into mechanical science, or of rifled guns into artillery. When we shall have convinced our opponents that ours is the surer and better method, they will naturally abandon the ancient and less successful method; just as the handloom has been given up where steam has been available, and as "brown Bess" and smooth-bores have been superseded by Sniders and Armstrongs. As the advocates of steam and rifles are the "regular" and "rational" among mechanicians and artillerists, so we who preach and practice that great improvement in therapeutics called homœopathy, have a fairer claim to the title of "regular" and "rational" practitioners than those who ignorantly reject this better method. The true physician is the one who avails himself of every method whereby he thinks he may most benefit his patients, and the honest physician is he who candidly acknowledges the sources whence he derives the knowledge that enables him to treat disease successfully. This definition of *true* physician applies to us who have not neglected to study and practice the homœopathic system, and this definition of *honest* physician applies also to us who have never hesitated to acknowledge our indebtedness to Hahnemann, the immortal pioneer of rational therapeutics.

Obituary.

DR. A. K. GARDNER.

DR. A. K. GARDNER died suddenly of apoplexy, at his residence in this city, early in April, at the age of fifty-five years. He was a graduate of both the literary and medical departments of Harvard College, and after two years' sojourn in Europe, most of the time in Paris, where he was a pupil of the celebrated Dubois, he established himself in the practice of his profession in New York.

Devoting himself to the diseases of women as a specialty, he soon became widely known, no less for the boldness and originality of his views than for his great skill in his speciality. He edited Dr. Tyler Smith's lectures, and translated, with annotations, Scaenzoni's admirable treatise on diseases of females. As professor of obstetrics in the New York College of Medicine, he became widely known as one of the most brilliant and successful teachers in the world. His literary labors were not confined solely to medical matters. Shortly after his return from Europe, his "Old Wine in New Bottles," appeared, written in the form of letters from Paris, and enjoyed a widely extended popularity. Until

the time of his death, scarcely a year elapsed but that some able paper appeared from his pen, either in the scientific journals or in the daily papers. The tone of his mind was of that vigorous quality which knew no rest, but toiled on year after year, always in the service of humanity, and always leaving its imprint for good on the literature of his country. At the time of his death he had no superior in his speciality in this city or in the world.

Several years ago he incurred the displeasure of the Academy of Medicine, or rather of some of its members. His quick wit and brilliant intellect had stung some of the dullards of that august body. They determined, if possible, to crush the man whose keen and glittering sword had so often cut through their shams and exposed their blundering ignorance. Afraid of his wit, jealous of his success, one dark and stormy night, when but little more than a quorum of the members were present, and those carefully selected from their known hostility to their victim, the trap was sprung. A. K. Gardner was suspended from all active membership in the academy. The reason assigned was—*oh, horror of horrors; oh, crime most black, most damnable*,—consultation with a homœopathic physician.

It is beyond our comprehension how a body of men, some of them at least educated, and standing high in their profession, should assist in placing under professional ban one who in his specialty stood high above them, simply to gratify the jealous spite of a few of their number. Dr. Gardner never claimed to be a homœopath, but his frank, outspoken, manly honesty, had made him bitter enemies, and so that convenient *code of ethics* was summoned to do its work. Had he been less brilliant, his wit less keen, and had his enemies stood less in fear of his trenchant blows, he might have consulted with whomever he chose until his dying day without molestation. That he suffered from this professional ban, there is no doubt. It is not pleasant to find old friends turning upon you the cold shoulder, or see them passing with scarcely a nod of recognition. Men who should have been above this petty meanness, men ranking high in the profession, his old friends and colleagues, with whom he had stood nobly shoulder to shoulder in many a hard-fought fight with disease, with a meanness utterly incomprehensible to any fair honest mind, became willing instruments in the hands of a few dullards,

who were not fit to loosen the lachets of their victim's shoes.

As we stood by his coffin form, and saw the old, the middle-aged, and the young taking the last look upon the mortal form of him who had been to them physician and friend; as we saw the tear-drops falling thick and fast, and tottering old age and blooming childhood bending to kiss his marble brow, and passing on with a choking sob, we felt that a man who could call forth such evidences of affection had not lived in vain, that such tokens of love were more precious than any applause of man.

At the head of the coffin was a shield of beautiful flowers, upon whose white ground was formed, in violet letters, the old motto: "VALIANT, COURTEOUS, LOYAL." Never did a motto express more correctly the true character of a man. A braver, more valiant, or more truly loyal heart, than that of A. K. GARDNER's, does not beat in a living bosom.

DR. THOMAS LAFON.

DR. THOMAS LAFON was born in Chesterfield Co., Virginia, in the year 1802, and died in Newark, N. J., March 20, aged 74 years. His parents being unable to give him the education he desired, when about fifteen years of age he left his home the better to accomplish his plans for the future. After many vicissitudes, by great perseverance he succeeded in obtaining the facilities for a careful course of study, which he gladly embraced. He removed to a neighboring state, and opened a school, in the meantime attending carefully to his own studies. About the year 1835 he entered the medical department of Transylvania University, and after completing the course, received his diploma as doctor of medicine. Two years later, feeling deeply interested in the work of the American Board of Foreign Missions, he volunteered to go as a medical missionary to the Sandwich Islands. His services were accepted, and for seven years he labored among the natives as both doctor and spiritual teacher. At the end of this period his wife's ill-health and the condition of his own eyes compelled a return to this country. A few months after his return were spent in resting and recruiting his health; then, after attending a course of lectures in the Philadelphia Medical College, he resumed the practice of his favorite

profession. In 1846 he opened an office in Main street, Paterson, and while there he began to study the claims of homœopathy. Of a careful, investigating mind, he sought for the truth, and when satisfied of the value of our law of cure, he boldly adopted it, and became a champion in its cause.

To Dr. Lafon belongs the honor of having introduced homœopathy into Passaic Co., and he lived to see the germ he had planted grow to majestic proportions. In 1847 he removed to Newark, and laid the foundation for a subsequent large practice. He was received gladly by the people, but bitterly opposed by the then all-potent allopathic society. Homœopathy at that day was not recognized by our Legislature, and its few exponents were constantly exposed to the jeers and insults of the dominant school. Possessing a clear intellect, ever ready to defend what he believed to be right, and with marked oratorical ability he silenced, in public as well as in private discussion, those who openly dared attack the cause he had espoused. As a writer, his opponents knew and feared his power. He wrote logically and forcibly.

His value as a physician was attested by a constantly increasing list of patrons, and his worth as a man by the Church and the entire community in which he resided. Suddenly, while at a patient's bed-side, successfully warding off the fatal messenger from another, the message came to him, "Thou hast fought the good fight, thou hast finished thy course." An apoplectic attack forbade a tedious and painful sickness, and in a few hours he breathed his last. As his former professional associates, we gladly bear witness to his love for his profession, and his success as a practitioner. Ever kind and considerate toward the poor, he was a welcome visitor in many an humble home. Courteous and dignified in his bearing, he was cordially received by the affluent and the learned. As a man, he was conscientious and upright. Dr. Lafon's remains were interred in a cemetery upon the banks of the Passaic, and as the sorrowful company gathered about his grave, and heard the minister consign "dust to dust," each one felt "a noble man has gone to his reward."

Drs. L. DRUMS, E. T. HOWE.

Newark, May 4th, 1876.

Reports of Societies.

MISSISSIPPI VALLEY HOMŒOPATHIC MEDICAL ASSOCIATION.

THIS society assembled in annual session at Quincy, Ill., April 13th, 1876. In the absence of the president, the meeting was called to order by the secretary, Dr. W. D. Foster, of Hannibal, Mo. On motion, Dr. J. Moore, of Quincy, Ill., was elected President, *pro tem*. On motion of Dr. C. Lowry, chairman of the Board of Censors, Dr. O. H. Crandall, of Quincy, was unanimously elected to membership.

Dr. J. Moore, of Quincy, chairman, reported on behalf of the Board of *Materia Medica*, and offered remarks *in extenso*, upon the *Dynamic* force of homœopathic remedies. He related a number of cases very promptly cured by high potencies. The remarks of the chairman elicited a very interesting discussion, participated in by all present. Dr. Lowry also reported several cases wherein he promptly affected cures with low potencies. Dr. Crandall reported a case of curvature of the spine very promptly relieved by the appropriate remedy.

Dr. W. D. Foster, of Hannibal, chairman, read on the part of the Bureau of Surgery, a paper on Rupture of the Male Urethra, complicated with enlargement of the prostate, in which he adverted to the peculiar adaptability of Squier's vertebrated catheter in this and similar cases.

Dr. C. Lowry, of Hannibal, chairman of the Bureau of Clinical Medicine, read a paper entitled, "Can the Children be Saved?" contributed by Dr. W. John Harris, of St. Louis. A general interchange of opinions upon the causes of infant mortality ensued.

On motion, the election of officers resulted as follows: President, C. Lowry, M. D.; Vice-President, O. H. Crandall, M. D.; Secretary and Treasurer, W. D. Foster, M. D.

The president announced the Bureaux for the ensuing year as follows:—

Materia Medica, Moore, Collisson and Harris; *Surgery*, Foster and Crandall; *Clinical Medicine*, Lowry, Vansyckle and Crandall; *Delegates to Western Academy*, J. Moore and W. John Harris; *To Illinois State Association*, William Collisson; *To American Institute* (Centennial World's Congress), C. Lowry and D. V. Vansyckle.

On motion, the association adjourned, to meet in Hannibal, Mo., Wednesday, October 4th, 1876.

W. D. FOSTER, Sec'y,
Hannibal, Mo.

INDIANA INSTITUTE OF HOMŒOPATHY.

THE tenth annual session of the Indiana Institute of Homœopathy will commence in Indianapolis, May 9th, 1876, and continue two days. We append a list of bureaux, and the names of gentlemen who are expected to present papers in their respective departments.

Provings, Drs. W. L. Breyfogle and J. Hyde; *Materia Medica*, Drs. E. J. Erhman, E. Beckwith and J. A. Compton; *Potency and Dose*, Drs. W. P. Armstrong, J. B. Hunt and F. L. Davis; *Clinical Medicine*, Drs. W. Moore, S. Cook, M. H. Waters and W. L. Morgan; *Nurses*, Drs. Ada B. Fally, C. T. Corliss and C. F. Wymond; *Obstetrics*, Drs. S. Maguire, G. W. Riddell and P. B. Hoyt; *Gynecology*, Drs. S. C. Whiting, M. T. Runnels and W. Eggert; *Microscopy*, Drs. O. P. Baer and J. R. Haynes; *Surgery*, Drs. J. N. Lucas, W. N. Bahrenburg and W. L. Becker; *Epidemics*, Drs. O. S. Runnels and W. R. Elder; *Intermittent Fever*, Drs. A. McNeil, A. L. Fisher. W. EGGERT, Pres't.

O. S. RUNNELS, Sec'y.

HOSPITAL DIRECTORY.

[For the benefit of those physicians in our own and neighboring cities, who are not acquainted with the public institutions under the immediate management of the homœopathic school in this city and Brooklyn, we publish a directory, giving such facts as may be of interest relating to their location, directions for obtaining admissions for patients, etc.]

HAHNEMANN HOSPITAL, G. M. Dillow, M. D., resident physician, 213 West Fifty-fourth street. Patients received at all hours.

N. Y. OPHTHALMIC HOSPITAL, 23d street and Third avenue, Alfred Wanstall, M. D., resident surgeon.—Open daily for the reception of patients. Out patients received at 2 P. M.

BROOKLYN MATERNITY, 46 and 48 Concord street, Brooklyn, comprises Lying-in Asylum, Nursery, Hospital, and N. Y. Training School for Nurses.—Mrs. R. C. Moffat, first directress, John Nottingham, M. D., resident physician. Patients received at any time.

NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN, 301 Lexington avenue, corner of Thirty-seventh street.—Patients received at all hours, a limited number of whom may be charity.

HOMŒOPATHIC HOSPITAL, Ward's Island, Selden H. Talcott, M.D., chief of staff. Physicians should obtain blank applications for admitting patients from the Commissioners of Public Charities and Corrections, Third avenue and Eleventh street, and be sure when filling them out to *distinctly* mark them for *this* institution. All applications must be approved by Mr. Kellock, at the office of the commissioners.

REPORTS OF HOSPITALS AND DISPENSARIES.

WESTERN HOM. DISPENSARY, 403 W. 42d st., N.Y. city.—Report for March. Number of new patients, 691; prescriptions made, 1,943; patients visited, 50; visits made, 217.

N.Y. OPHTHALMIC HOSPITAL, Third ave. and 23d st.—Report for March. No. of prescriptions, 2,814; new patients, 381; patients resident in hospital, 34. Average daily attendance, 104; largest daily attendance, 162.

REPORT HOMŒOPATHIC HOSPITAL, W. I., for March, 1876. S. H. Talcott, M.D., Chief of Staff. No. remaining Feb. 29, 384; admitted during March, 220; births, 2; total, 606. Discharged, 173; died, 23; total, 196. Remaining March 31st, 410.

N.Y. HOM. MEDICAL COLLEGE DISPENSARY. For month ending March 31, 1876.—Number of prescriptions, 2,074; new patients, 572; vaccinations, 3. Patients remaining under treatment, —; visits made, 80; births, 1; deaths, 3; average daily attendance, 66. W. I. Wellman, M.D., 203 East 23d st.

ALBANY CITY HOM. HOSPITAL AND DISPENSARY, 123 North Pearl st., Albany, N. Y.—Report for March, 1876. Dispensary: number of prescriptions, 640; new patients, 285; surgical cases, 38; teeth extracted, 30. Hospital: No. of patients admitted, 3; discharged, 3; total number at present, 6.

N. Y. HOM. MEDICAL COLLEGE DISPENSARY. For month ending Feb. 29th, 1876.—Number of prescriptions, 1591; new patients, 517; vaccinations, 4; visits made, 185; births, 2; deaths, 4. W. I. Wellman, M.D., 203 East 23d st. Of the

above deaths, two were cases of *tubercular meningitis*, that had been under allopathic treatment until too late for hope of recovery; one case of *phthisis pulmonalis*, which had been under treatment one and a-half years; the other case of *puerperal fever*.

TOMPKIN'S SQUARE HOM. DISPENSARY, 265 East Fourth street. John P. Ermentraut, M.D., Medical Director.—Report from February 1st, 1875, to February 1st, 1876. There have been treated during the above period 13,299 patients, which show an increase of 1,877 patients over the number treated during the previous year. The number of prescriptions made reaches 33,843. The Dispensary appears to be enlarging its field of labor; indeed it cannot well do otherwise, as the number of unemployed poor has never been greater than during the past winter. To meet this demand an increase of contributions is required, and it is to be hoped that the cry will not remain unheeded by those interested in charitable work.

CHILDREN'S HOSPITAL, Five Points House of Industry.—St. Clair Smith, M. D., Dwight B. Hunt, M.D., attending physicians; F. E. Doughty, M.D., attending surgeon; Hugh M. Smith, M.D., resident physician. Report from March 1, 1875, to March 1, 1876. During the past year 1,003 cases have been treated, and 9,320 prescriptions given. An unusual number of severe cases have occurred, including epidemics of typhoid fever, measles, scarlet fever, and diphtheria. Six hundred and forty were vaccinated. It is nearly 12 years since a case of small-pox has occurred with us; attention is called to this fact, as showing the perfect protection afforded by vaccination, our location exposing us in an unusual degree to this disease. Fifteen deaths have occurred, one from typhoid fever, complicated with phthisis pulmonalis; one from malignant diphtheria (the child dying in six hours); one from tubercular meningitis, two from tubercular peritonitis, two from diphtheritic croup, and eight from acute phthisis pulmonalis. In four of the latter it followed measles, all four were of a weakly scrofulous constitution. Dr. Doughty performed three operations: two for tracheotomy, one on a boy eight years of age, who was attacked during typhoid fever with croup and œdema glottis, who after breathing through a tube for three weeks, finally recovered. The other one, a little girl with diphtheritic

croup, who died fourteen hours after the operation. The third operation was for necrosis of humerus. Dr. Hunt performed two operations: one for ulcer of cornea, the other one for strabismus; both were successful. To Dr. Joslin we are indebted for seven visits, he having kindly consulted with us in some of the severe cases. Dr. Smith made six visits, Dr. Hunt one hundred and eighty, and Dr. Doughty forty-three.

Medical Items and News.

M. ANDRAL, for many years one of the most distinguished pathologists and clinical teachers of France, died recently in his seventy-ninth year. He had long lived a retired life in a country village.

"THE ROMANCE OF A POOR YOUNG DOCTOR," is the title of an original poem by the editor of the *Cincinnati Medical Advance*. It will appear in the May number of that journal. It will especially interest medical men.

DR. HALL, the founder and editor of the *Journal of Health*, and the author of several popular medical works, fell on the sidewalk a few days since, and died almost immediately. The cause was a sudden attack of apoplexy.

MICHIGAN UNIVERSITY.—It seems the regular faculty of this university request the State Society to keep their hands off in the matter of the homœopathic chairs. The faculty feels itself quite competent to deal with the matter, and have no doubt of its ability to crowd the homœopaths off the track.

PRELIMINARY EDUCATION.—At the close of the medical department of Michigan University, the faculty said that although the requirements for graduation had been increased, the number of failures had been less than at any examination in many years. They report, further, that the movement for preliminary examinations, which was begun at this institution, has been attended with many good results. It is the design of the faculty to increase the requirements for admission and graduation as rapidly as is consistent with the interests of all concerned.—*Medical Record*.

NEW YORK COLLEGE ALUMNI SOCIETY.—After the commencement exercises of the New York Hom. Med. College, the graduating class of 1876 formed an Alumni Society. E. H. Linnell, M. D., of Norwich, Conn., being elected

president, and E. B. Squier, M. D., of Syracuse, N. Y., as secretary. It is designed to have annual meetings of this society, at such places as the majority of the members may desire; and in order to further this object, and to ascertain the location of each member, they are requested to send their addresses to the secretary of the society, E. B. Squier, M. D., 51 Warren street, Syracuse, N. Y.

NOTICE.—Physicians who are about to subscribe for the HOMŒOPATHIC TIMES, or who have already subscribed and have not remitted for the same, are requested to have their postal orders made payable to L. L. DANFORTH, Treas.

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